## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IOWA 50319

FAX: (515) 281-3701

Reset Form

www.iowa.gov/ethics

lowa Code section 8.7 requires all gifts, bequest, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG
Gift, Request, or Grant
information
received by a department or
accepted by the Governor
on behalf of the state

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, C	OR GRANT:		
lowa Correctional Institution for Women			
Name of Department or Office			
_300 Elm Ave SW Mitchellville	J 50400		
Mailing Address	c, Iowa 50169 City, State, Zip Code		
(515) 967-4236	ons, state, zip odde		
Area Code & Telephone No.		8 5	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	<b>፤</b> :	7 3	
		<del> ज हाँ-</del>	
Name		3 68	
Mailing Address (if different from above)			
The state of the state is the state of the s	City, State, Zip Code (if different from above)	1:34	
Email Address	Area Code & Telephone No. (if different from above		
DONOR OF GIFT, BEQUEST, OR GRANT:	The code a relephone No. (If different from above	re)	
SONOR OF GIFT, BEQUEST, OR GRANT:			
Various Donators			
Name			
Mailing Address City, State, Zip Code	1	j	
Oity, State, Zip Code			
Area Code & Telephone Number	September 2012 \$9	<u>06.84</u>	
	1		
Email Address (optional)			
Provide a description of the gift, bequest, or grant purpose thereof:			
All donations for offenders benefit.			
on one delication benefit.			
Criteria to use this form:			
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.			
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Statement of Affirmation:

I, <u>Dearn Wilder-Tempisch</u>affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature Jombesso

10-3-12 Date

DATE	NAME	ADDRESS	ITEM	COST
	Trish,			
	Richard			
September 4th	Brexvoort		CD'S	\$105.00
165	Lionheart		db 5	\$105.00
September 6 <sup>th</sup>	Foundation	P.O.Box 170115, Boston, MA 02117	Book	\$12.00
September 6th	Sr. JoAnne	2921 49th St. DM, Ia 50310	Cards	\$150.00
	Talarico		Caras	\$150.00
September 9th	David	511 Center Ave Mitchellville, Ia	Books	\$45.00
	Edwards	50169	20010	\$45.00
	Dave			
September 10 <sup>th</sup>	Edwards	Mitchellville, Ia 50169	Books	\$39.99
September 11th	Nancy Turner	510 14th Ave NW Altoona, Ia 50009	VR items	\$401.25
0	American	4045 W.13 Mile Road, Royal Oaks,		Ψ+01.23
September 13th	Arab Message	MI	Bk/CD/DVD	\$50.00
C	Sister Sandy	2815 70thst#1, Urbandale, Iowa		\$50.00
September 21st	Rodemyer	50322	Bks/Calender	\$25.85
Company 1 OF	Shawneen	3124 Wright St, Des Moines, Ia		720.00
September 25 <sup>th</sup>	Wilson	50316	Book	\$7.00
				<del> </del>

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	r office use only
Audited	
Checked	
Computer	

## DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST

Fort Dodge Correctional Facility		
Name of Department or Office 1550 L Street	Fort Dadas I corou	
Mailing Address 515-574-4700	Fort Dodge, Iowa 50501  City, State, Zip Code	
Area Code & Telephone No.		ļ
ONTACT PERSON FOR RECIPIENT DEPART	MENT OR OFFICE:	
Jim McKinney	MENT ON OFFICE.	_
Name Same	Same	
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Jim.McKinney@iowa.gov Email Address	515-574-4711	
- Triali Address	Area Code & Telephone Number (if different from above)	
DNOR OF GIFT OR BEQUEST:		ve
SEE ATTACHED LISTING FOR SEPTEMBER 2	2012	ं 
lame	<u> </u>	2
		<u> </u>
failing Address City, State, Zi	D Code	50
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	SEITEMBER 2012	LOSUKI
rea Code & Telephone Number	Date of Gift or Bequest Amount/Value*	5
	*value is defined as "fair market value" of item as determined by	7
mail Address (optional)	receiving department or office. If no value mark "0.00".	ŗ
Provide a description of the gift or bequest and purpos	e thereof:	
riteria to use this form:		
		_
eceipt of any gift or bequest that is received by any de	epartment of the state or received by the Governor on behalf of the state.	
,	of the state.	
ement of Affirmation:		

S

I. <u>Drann Wilder-Tow</u> affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature Small - Somlings

10-2-12 Date

Fort Dodge Correctional Facility

1550 L Street, Fort Dodge, Iowa 50501

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	9/20/2012 Pastor Troy Binklay (The Storehouse)  1308 W. Lincolnway		
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Date	20/2		
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Total Amount: \$ 30.00